DLN: 93493141010638

OMB No. 1545-0047

Open to Public

Department of the Treasur

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at www IRS gov/form990

Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017 **C** Name of organization Family Policy Alliance D Employer identification number **B** Check if applicable \square Address change 20-0960855 ☐ Name change Doing business as ☐ Initial return ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return (719) 278-4400 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Colorado Springs, CO 80920 G Gross receipts \$ 1,907,446 F Name and address of principal officer **H(a)** Is this a group return for Paul Weber ☐Yes **☑**No subordinates? 8655 Explorer Dr H(b) Are all subordinates Colorado Springs, CO 80920 ☐ Yes ☐No included? Tax-exempt status \Box 501(c)(3) ✓ 501(c) (4) \blacktriangleleft (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www familypolicyalliance com L Year of formation 2004 M State of legal domicile CO **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities We inspire men and women to live out biblical citizenship that transforms culture Activities & Governance Check this box \blacktriangleright If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 10 Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 2,711,917 1,877,216 **9** Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 57,659 23,035 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,900 -8,774 2,771,476 1,891,477 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 481,917 87,457 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 676,737 789,067 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 135,764 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 36,910 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶160,033 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 1,069,214 1,130,687 1,931,791 2,475,962 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 295,514 -40,314 Net Assets or Fund Balances **Beginning of Current Year End of Year** 2,573,977 2,423,324 20 Total assets (Part X, line 16) . 257,920 147,581 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 . 2,316,057 2,275,743 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-05-21 Signature of officer Sign Here Paul Weber President / CEO Type or print name and title Print/Type preparer's name David C Moja Preparer's signature David C Moja Date PTIN

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ► 2435 Research Parkway Suite 200

Colorado Springs, CO 80920

Paid

Preparer

Use Only

Check I If

self-employed

Firm's EIN > 36-3990892

Phone no (719) 528-6225

P00747006

☑ Yes ☐ No

Form	990 (20	16)					Page 2			
Par	t III	Statement	of Program Service	e Accomplis	hments					
		Check if Sched	dule O contains a respor	nse or note to a	any line in this Part III		🗸			
1			rganızatıon's mıssıon		,					
			imily advocacy organiza p citizens to make their			live out biblical citizenship that tra ssues	nsforms culture We			
2		_	· -			hich were not listed on				
	•		- 990-EZ?				🗌 Yes 🗹 No			
	•		se new services on Sch							
3	Did the	organization o	cease conducting, or ma	ake significant	changes in how it cond	ucts, any program				
	services?									
	If "Yes,	" describe the	se changes on Schedule	· O						
4	Section	501(c)(3) and		ns are required	to report the amount	e largest program services, as meas of grants and allocations to others,				
4a	(Code) (Expenses \$	936,713	including grants of \$	12,000) (Revenue \$)			
	See Add	litional Data	, , ,	,		, , , , ,	,			
4b	(Code) (Expenses \$	402,585	ıncludıng grants of \$	5,000) (Revenue \$)			
	See Add	litional Data								
4c	(Code) (Expenses \$	253,006	including grants of \$	70,457) (Revenue \$)			
	See Add	litional Data								
4d	Other p	program servic	es (Describe in Schedul	e O)						
	(Expen	ses \$	ınclu	ding grants of	\$) (Revenue \$)			
4e	Total	orogram serv	rice expenses ▶	1,592,3	04					
		3. og. a oc. 1	ice expenses :	2,352,3	<u> </u>		Form 990 (2			

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No

Form 990 (2	2016)
Part IV	Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV			
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28a		No
		28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	0 (2016

orm	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	The sale of SB, and the organization menorin occorrection.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	- 9		
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ا مها		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	60	0 (2016)

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Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year label 1a			
	body,	ere are material differences in voting rights among members of the governing, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		he organization have members or stockholders?	6	Yes	
	Did th	he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
h		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		No
8	perso	he organization contemporaneously document the meetings held or written actions undertaken during the year by			
ŭ		ollowing			
а	The g	poverning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			N.I.
		nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
5 e	Ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Yes	No
10a	Did th	he organization have local chapters, branches, or affiliates?	10a		No
	If "Ye	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		110
11a		the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form?		11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13	Did th	he organization have a written whistleblower policy?	13	Yes	
14	Did th	he organization have a written document retention and destruction policy?	14	Yes	
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ple entity during the year?	16a		No
b	ın joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation int venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
<u> </u>		he States with which a copy of this Form 990 is required to be filed▶			
		AL , AK , AZ , CA , CO , FL , GA , HI , IL , k , MO , NH , NC , ND , NV , OH , PA , SC , T , WI	Y , LA N , TX	, MA , N , VA , W	/A , W\
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website Another's website Upon request Other (explain in Schedule O)			
19	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, and financial statements available to the public during the tax year			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records a Caldwell 8655 Explorer Dr. Colorado Springs, CO 80920 (719) 278-4400			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest

List persons in the following order individual trus compensated employees, and former such perso		rs, ınst	itutio	nal t	trust	ees, c	office	ers, key employees	, highest		
\square Check this box if neither the organization no		ganızat	tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	Position than o	on (de one be	(C o no ox, u in of) t ch unle: ficei	eck m ss per r and a	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) Lt Gen Patrick P Caruana MS	0 50	x		x				0	0	0	
Chairman	0 50	1		^				0	U	0	
(2) Jim Goodloe Vice Chairman	0 50 0 50	Х		х				0	0	0	
(3) Steve Taylor	0 50	1									
Board Member	0 50	X						0	0	0	
(4) Dan Mellema Board Member	0 50 0 50	Х						0	0	0	
(5) Doug Napier	0 50										
Board Member	0 50	X						0	0	0	
(6) Mıchael Geer Board Member	0 50 0 50	Х						0	0	0	
(7) Ladonna Lee Board Member	0 50	х						0	0	0	
(8) Tim Goeglein Board Member	0 50	х						0	0	0	
(9) Paul Weber President/CEO	11 50			х				143,049	0	23,055	
(10) Sonja Swiatkiewicz Secretary/VP Office of the	27 00			х				89,475	0	18,008	
(11) Rich Caldwell Treasurer/VP Finance	16 00			х				96,830	0	18,495	
	23 00										

Par	t VII Section A. Officers, Direct	tors, Trustees	, Key I	Emp	loye	es,	and	High	hest Con	pensa	ted Er	nploy	ees (d	ontii	nued)	
	(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t che inles ficer	ss pers	son	Repo compe from organiza		co f - org	(E) Reportable compensation from related organizations (W-		ortable Esti ensation amoun related comp ations (W- fro		ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1095	o-MISC)	2/	/1099-	мізс)		rganizati relati organiza	ed
											+					
c	Sub-Total	•	nΑ.		•		*		3	29,354			0			59,558
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eıved mor	e than \$	100,00	00				<u> </u>
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2												on [3	Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable (comp	ensa	ation	and c	other	r compens	ation fro						No
5	Did any person listed on line 1a receivervices rendered to the organization									ion or in	dıvıdua	l for		5	Yes	 No
S	ection B. Independent Contract	ors														
1	Complete this table for your five high from the organization Report compe	nsation for the c									on's ta	x year		pens		
	Name a	(A) and business addre	ess							De		B) of serv	rices		(C Comper	
1946	erworks Inc 2 Powder Hill Pl NE								F	undraisir	g consu	ltıng an	d desigi	n		168,802
	sbo, WA 98370 rity Strategies								I	ssue Cam	npaigns					151,285
	Professional Drive Suite 104 e Verde Beach, FL 32082															
	Total number of independent contractor compensation from the organization		not lim	ited t	to th	ose	listed	abov	ve) who re	eceived i	nore th	nan \$1	00,000	of		

Part	VIII Statement of Revenue						
	Check if Schedule O contair	ns a respo	onse or note to any	/ line in this Part VII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1a Federated campaigns	1a			revenue		512-514
Grants nount	b Membership duesc Fundraising events	1b	16,293 53,687				
(S. (d Related organizations	1d	<u> </u>				
<u> </u>	e Government grants (contributions)	1e	<u> </u>				
ns, Sim	f All other contributions, gifts, grants	i,					
ttio er	and similar amounts not included above	1 f	1,807,236				
Contributions, Giffs, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$		9 <u>5</u>				
ة ت	h Total.Add lines 1a-1f			1,877,216			
된	2a		Busines	s Code			
Service Revenue							
υ. Œ	b ————						
er X	c —						
Σ.	e ————						
Program	f All other program service reven	ue					
Æ	gTotal. Add lines 2a-2f		>				
	3 Investment income (including div		nterest, and other	2.20]		2.264
	similar amounts)		•	3,36	1		3,361
	4 Income from investment of tax-e 5 Royalties	-		• •	+		
	(i) R		(II) Personal		+		
	6a Gross rents						
	b Less rental expenses			_			
	Double land on the land						
	c Rental income or (loss)						
	d Net rental income or (loss) .			7			
	(ı) Secu	ırıtıes	(II) Other				
	7a Gross amount from sales of	7,195	19,67	74			
	assets other than inventory						
	b Less cost or						
	other basis and sales expenses	7,195		0			
	C Gain or (loss)	0	19,67				10.674
	d Net gain or (loss)8a Gross income from fundraising s		•	19,67	4		19,674
<u>ə</u>	(not including \$ 53,68	7 of					
듄	contributions reported on line 1 See Part IV, line 18] [
Rev	b Less direct expenses		8,774	1			
Other Revenue	f c Net income or (loss) from fundr	aising ev	ents	8,77-	4		-8,774
oth	9a Gross income from gaming active See Part IV, line 19	vities					
	occidio (V) linie 15 i i i	а	l				
	b Less direct expenses	. ь					
	c Net income or (loss) from gamii	ng activit	ies >				
	10a Gross sales of inventory, less returns and allowances						
		a					
	b Less cost of goods sold	b					
	<u>c</u> Net income or (loss) from sales Miscellaneous Revenue	of invent	Business Code				
	11a		Busiliess Code				
	b						
	с						
	d All other revenue	•					
	e Total. Add lines 11a-11d .		•				
	12 Total revenue. See Instruction	ns		1 001 17	7		1125
			•	1,891,47	/	0	0 14,261

	tion 501(c)(3) and 501(c)(4) organizations must complete all col Check if Schedule O contains a response or note to any	_	•		🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	87,457	87,457	-	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	159,671	111,789	34,080	13,802
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	3,750	3,750		
7	Other salaries and wages	114,146	98,184	8,604	7,358
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,987	7,773	547	667
9	Other employee benefits	261,840	205,602	36,821	19,417
10	Payroll taxes	128,343	100,210	18,456	9,677
11	Fees for services (non-employees)				
ā	a Management				
Ŀ	b Legal	69,218	63,529	4,629	1,060
C	c Accounting	8,580		8,580	
C	d Lobbying				
E	e Professional fundraising services See Part IV, line 17	36,910			36,910
f	f Investment management fees	9		9	
ç	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	228,839	203,834	12,206	12,799
12	Advertising and promotion	205	205		
13	Office expenses	21,190	18,820	1,626	744
14	Information technology	158,374	127,611	14,933	15,830
15	Royalties				
16	Occupancy	27,441	23,325	2,744	1,372
17	Travel	48,668	42,722	4,050	1,896
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	45,900	36,928	3,055	5,917
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,749	30,999	7,750	
23	Insurance	15,652	12,522	3,130	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Printing & Publications	232,664	221,566	33	11,065
	b Misc Project Expense	105,889	103,517		2,372
	c Postage & Shipping	54,095	43,089	1,693	9,313
	d Video & Email	50,119	40,268	144	9,707
	e All other expenses	25,095	8,604	16,364	127
25	Total functional expenses. Add lines 1 through 24e	1,931,791	1,592,304	179,454	160,033
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	401,783	291,898	0	109,885
	Check here ► ✓ if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Shee

Form	990	(2016)					Page 1 :
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	/ line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,628,763	1	904,369
	2	Savings and temporary cash investments .		<u> </u>		2	
	3	Pledges and grants receivable, net		<u> </u>		3	
	4	Accounts receivable, net	⊢	809,461	4	1,403,887	
	5	Loans and other receivables from current and fo		_	·		
		trustees, key employees, and highest compense II of Schedule L	ated en	ployees Complete Part		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations.	c)(3)(B), and		c		
ts	,	voluntary employees' beneficiary organizations Part II of Schedule L				7	
ssets	7	Notes and loans receivable, net		-			
As	8	Inventories for sale or use		·	404.750	8	400.000
	9	Prepaid expenses and deferred charges		• •	101,750	9	100,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	207,943			
	ь	Less accumulated depreciation	10b	192,875	34,003	10 c	15,068
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, lin			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	—		15		
	16	Total assets.Add lines 1 through 15 (must equ		<u> </u>	2,573,977	16	2,423,324
	17	Accounts payable and accrued expenses		-	257,920	17	147,581
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete I		of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former key employees, highest compensated employees	r officer	s, directors, trustees,			
qe		persons Complete Part II of Schedule L		·		22	
Ξ	23	Secured mortgages and notes payable to unrela	ated the	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third i	arties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ayables)	to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			257,920	26	147,581
5		Organizations that follow SFAS 117 (ASC 9	58). cl	eck here ▶ 🗸 and			
Fund Balances	27	complete lines 27 through 29, and lines 33 Unrestricted net assets		l l	2,316,057	27	2,268,779
Bal	28	Temporarily restricted net assets				28	6,964
l Di	29	Permanently restricted net assets				29	
Fur		Organizations that do not follow SFAS 117	(ASC 9	58),			
or I		check here ▶ ☐ and complete lines 30 th	34.				
ts (30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or ed	<u> </u>		31		
	32	Retained earnings, endowment, accumulated in	r other funds		32		
Net	22	Total net assets or fund balances		2,316,057	33	2,275,743	
_	33 34	Total liabilities and net assets/fund balances			2,573,977	34	2,423,324

2c

3a

3b

Yes

Nο

Form 990 (2016)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 20-0960855

Name: Family Policy Alliance

Form 990 (2016)

Form 990, Part III, Line 4a:

Citizens Voice Family Policy Alliance serves as both the winsome voice of biblical citizens and the catalyst for unleashing biblical citizenship. We help them stay informed and activate them to stand for their Christian values. We do this by engaging individuals through respectful, truthful conversation on issues affecting their families and communities. Family Policy Alliance motivates and equips concerned citizens with the tools and resources they need to make a powerful difference in our nation and states. Specifically, Family Policy Alliance sent newsletters, mailers and regular emails to households across the nation. In addition, Family Policy Alliance used telephone technology to alert citizens to important issues affecting the family in their state, and developed online resources, including a website and web videos. These communications were designed to rally Family Policy Alliance members and the general public to raise their voices on issues such as God's design for family, the sanctity of human life from fertilization to natural death and the protection of religious freedom and rights of conscience.

Form 990, Part III, Line 4b: Alliance Building Family Policy Alliance serves a robust, effective, and professional alliance of state-based Family Policy Councils, like-minded ministries, and statesmen and women We serve our state Family Policy Councils, strengthening and expanding a collaborative and professional network that leverages our combined impact at every level-

-local, state and national. We work alongside our allies each day, advancing Christian family values in the halls of government.

families and advance our Christian values by raising their voices in support of or opposition to legislation, and by casting their ballots for the issues and candidates who best

Form 990. Part III. Line 4c:

represent them

Grassroots Impact Together with our alliance of state-based Family Policy Councils. Family Policy Alliance identifies, empowers and railies concerned citizens to protect their

DLN: 93493141010638

OMB No 1545-0047

Open to Public Inspection

Political Campaign and Lobbying Activities SCHEDULE C (Form 990 or 990-

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B

 Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

• ;	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organi			<u>,</u>				
Nai Fan	me of the organization nily Policy Alliance			Emp	oloyer id	lentifi	ication nun	ıber
					960855			
Par	t I-A Complete if the orga	nization is exempt under sect	ion 501(c) or is	a section 52	27 orga	nizat	tion.	
1 2	Provide a description of the organ Political expenditures	nization's direct and indirect political c	ampaign activities in	Part IV	>	\$_		229,456
3	Volunteer hours							0
Par	t I-B Complete if the orga	nization is exempt under sect	ion 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under	section 4955		>	\$_		
2	Enter the amount of any excise to	ax incurred by organization managers	under section 4955		>	\$_		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	or this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	□ No
	If "Yes," describe in Part IV							
		nization is exempt under sect			01(c)(3).		
1		led by the filing organization for section	·		>	\$_		229,456
2	Enter the amount of the filing org function activities	ganization's funds contributed to other	r organizations for se	ction 527 exen	npt ►	\$_		3,958
3	Total exempt function expenditur	res Add lines 1 and 2 Enter here and	on Form 1120-POL,	lıne 17b	>	\$		233,414
4	Did the filing organization file For	m 1120-POL for this year?				, <u> </u>	✓ Yes	☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) r each organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is neede	mount paid from the ered to a separate po	filing organizat olitical organiza	tion's fun	ds Al	so enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount filing organ funds If no -0-	ization's		(e) Amount contributions and promp directly delives separate programments or an enter-	s received otly and vered to a political If none,
(1) F	Family Policy PAC	8655 Explorer Dr Colorado Springs, CO 80920	81-0794756		3,9!	58		
2								
3								
4								
5								
6								
or P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E2	Z. Cat	No 50084S 5	Schedule	C (For	m 990 or 99	0-EZ) 2016

	nedule C (Form 990 or 990-EZ) 2016						Page 2
P	art II-A Complete if the organization section 501(h)).	is exemp	ot under secti	on 501(c)(3) :	and filed Fori	n 5768 (electi	on under
A	Check If the filing organization belongs to expenses, and share of excess lob			: ın Part IV each a	ffiliated group m	ember's name, ad	dress, EIN,
В	Check ▶ ☐ If the filing organization checked	box A and "l	ımıted control" p	rovisions apply			
	Limits on Lob (The term "expenditures"			curred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	pinion (gras	ss roots lobbying))			
b	Total lobbying expenditures to influence a legisl	atıve body (direct lobbying)				
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and 1d)					
f	Lobbying nontaxable amount Enter the amount columns	from the fo	llowing table in b	oth			
	If the amount on line 1e, column (a) or (b)	is: The lo	bbying nontaxa	able amount is:			
	Not over \$500,000	20% of	the amount on line	1e			
	Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the ex	cess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,	000				
_	Subtract line 1f from line 1c If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?		e 1ı, dıd the orga	anization file Form	n 4720 reporting		Yes No
	4-Yea (Some organizations that mad columns below. S	e a sectio	n 501(h) elec		eve to comple		ve
	Lobbying	Expenditu	res During 4-	Year Averagir	ng Period	ı	
	Calendar year (or fiscal year beginning in)		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures				Sahadul	e C (Form 990 o	- 000 E7) 201 <i>E</i>

		ganization is exempt under section 501(c)(3) and has NOT fil on under section 501(h)).	ed			Pag	<u>je 3</u>
_	-		(a)		- ((b)	
For e activ	· ·	ough 11 below, provide in Part IV a detailed description of the lobbying	Yes	No		ount	
1		anization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?						
d	Mailings to members, legislators,	or the public?					
е	Publications, or published or broa	dcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		Ī			
b	If "Yes," enter the amount of any	tax incurred under section 4912					
С	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912		Ī			
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?		Ī			
Par	t III-A Complete if the or (6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), 0	r section			
1	Were substantially all (90% or me	ore) dues received nondeductible by members?				'es l	No
2		n-house lobbying expenditures of \$2,000 or less?			2		No
3		ry over lobbying and political expenditures from the prior year?			3		No
		ganization is exempt under section 501(c)(4), section 501(c)	(E) 0	r cocti			
Fai		OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				1(0)((0)
1	Dues, assessments and similar ar	nounts from members	1				
2	Section 162(e) nondeductible lob expenses for which the sectio	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
a	Current year		2a				
b	Carryover from last year		2b				
	Total		2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4				
5	'	political expenditures (see instructions)	5				
P	ort IV Supplemental Info	·					
Pro	vide the descriptions required for P	art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	Part II-	A, lines	1 and 2	2 (see	
	Return Reference	Explanation					
Part	I-A, Line 1	Direct and Indirect Political Campaign Activities - Family Policy Alliance's activities posted to the website, emails to constituents, and direct mail to voters					

differences between the candidates on issues pertaining to families

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No 1545-0047

DLN: 93493141010638

Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Total acreage restricted by conservation easements 2b Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements is located Number of states where property subject to conservation easements in		al Revenue Service	Information about Schedule	D (Form 990) and its ir	struc	tions is at <u>ww</u>	w.irs.gov	<u>/form990</u> .	Inspec	tion
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Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Source Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Source Source Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Source Source Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Source Source Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Source Source Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Source Source Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Source Source Amount of expenses in the propriet in the revenue and expense statement, and balance sheet monitorist from a possible of the footnote to the footnote of the footnote of the public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Source State State	5	_			ıng, ır	spection, handl	— ıng of vıol	ations,	Yes \square	No
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	5	Staff and volun	teer hours devoted to monitoring,	ınspecting, handling of v	olatio	ns, and enforcir	ng conserv	ation easemer		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	7		enses incurred in monitoring, inspi	ecting, handling of violation	ons, a	nd enforcing cor	nservation	easements du	iring the year	-
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	3	Does each cons		ne 2(d) above satisfy the i	requir	ements of section	on 170(h)(Yes 🗌	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	9	balance sheet, a	and include, if applicable, the text	of the footnote to the org					s	
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	Par						Other Si	milar Asset	s.	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	La	If the organizat art, historical tr	ion elected, as permitted under S easures, or other similar assets h	FAS 116 (ASC 958), not t eld for public exhibition, e	o repo	ort in its revenue ion, or research	ın further			of
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	b	historical treasu	ires, or other similar assets held f	FAS 116 (ASC 958), to re for public exhibition, educ	port ir ation,	n its revenue sta or research in f	atement ar urtherance	nd balance she e of public serv	et works of a vice, provide	irt, the
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	((i) Revenue includ	ded on Form 990, Part VIII, line 1					▶ \$		
	(ii)Assets ıncluded	l ın Form 990, Part X							
	2	If the organizat	ion received or held works of art,				financial <u>c</u>	ain, provide th	ne	

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	3111	Organizations Ma	aintaining Col	lections of A	Art, Histor	rical Ti	reasu	ıres, or	Other	Similar A	\ssets (continued)	
3		g the organızatıon's acqı s (check all that apply)	uisition, accessioi	n, and other red	cords, check	any of	the fo	llowing t	hat are a	significant	use of it	s collection	
а		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			e		Othe	r					
c		Preservation for future	generations										
4	Provi Part	ide a description of the o	organization's col	lections and ex	plain how th	ney furth	ner the	e organız	ation's e	xempt purp	ose in		
5		ng the year, dıd the orga ts to be sold to raıse fun								nılar	□ Ye	es 🗆 i	No
Par	t IV	Escrow and Custo Complete if the org X, line 21.			n Form 99	0, Part	IV, lı	ne 9, or	reporte	ed an amo			, Part
1a		e organization an agent, ded on Form 990, Part X		an or other inte	ermediary fo	r contri	bution	s or othe	er assets	not	☐ Y €	es 🗆 I	No
b	If "Y	es," explain the arrange	ment in Part XIII	and complete	the following	g table					Amount		
С	Begir	nning balance							1c				
d	Addıt	tions during the year							1d				
е	Dıstr	ibutions during the year	•						1e				
f	Endır	ng balance							1 f				
2a	Dıd t	he organization include:	an amount on Fo	rm 990, Part X	, line 21, for	r escrow	or cu	stodial a	ccount li	ability?	□ Ye	es 🗆 i	No
b	If "Ye	es," explain the arrangei	ment in Part XIII	Check here if	the explana	tion has	been	provided	d in Part	XIII		🗆	
Pa	rt V	Endowment Fund	is. Complete ıf	the organiza	tion answe	ered "Y	es" or	n Form	990, Pa	rt IV, line	10.		
				(a)Current ye	ear (b)	Prior yea	r	(c)Two ye	ears back	(d)Three ye	ears back	(e)Four ye	ars back
	_	ning of year balance .											
		butions					_						
		vestment earnings, gain	is, and losses				_						
		s or scholarships	•										
	and pr	expenditures for facilitie rograms											
f	Admın	istrative expenses .											
g	End of	f year balance											
2	Provi	ide the estimated percer	ntage of the curre	ent year end ba	lance (line 1	1g, colu	mn (a))) held a	s				
а	Boar	d designated or quasi-er	ndowment >										
b	Perm	nanent endowment 🕨											
С	Temp	porarily restricted endow	vment 🟲										
	The	percentages on lines 2a,	. 2b, and 2c shou	ld equal 100%									
3а		here endowment funds nızatıon by	not in the posses	sion of the orga	anization tha	at are h	eld an	d admını	stered fo	r the		Yes	No
	(i) u	inrelated organizations										a(i)	<u> </u>
L		related organizations .				ا اعداد الحد						a(ii)	
ь 4		es" on 3a(II), are the rel ribe in Part XIII the inte	=	•			· •					3b	
	t VI				endowment	Tullus							
Fell	CAT	Complete if the org			Form 990), Part i	IV, lır	ne 11a.	See For	m 990, Pa	rt X, lın	e 10.	
	Descr	ription of property	(a) Cost or oth (investme	er basis (b	Cost or othe					depreciation		(d)Book val	ue
1a	Land												
b	Buildir	ngs											
c	Leasel	hold improvements											
d	Equipr	ment				20	7,943			192,875			15,068
e	Other												
-		lines 1a through 1e (Co	dumn (d) must e	gual Form 900	Part X coli	ımn (R)	line	10(c)		-	 		15.068

Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganızatıo	n ansv	wered 'Yes' on Form 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(1	b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial		•		,
	leid equity interests	_		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	•		Several West on Forms COO. Book IV. Ivan 11 a
Part VIII	Investments—Program Related. Complete if the or See Form 990, Part X, line 13.			
	(a) Description of investment	(b) Boo	k value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe	rod 'Voc	· ·	orm 000 Part IV line 11e or 11f
	See Form 990, Part X, line 25.	reu res		
(1) Federal :	(a) Description of liability		(D) B	Book value
(2)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)	▶ Eastmata t	_ LL- ·	and the second state of th
∠. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo	ootnote t	o the or	organization s financial statements that reports the

Page 4

1	Total revenue, gain
2	Amounts included o
а	Net unrealized gain

d

е 3

4

5

1 2

b

е 3

4

C

5

Part XII

is, and other support per audited financial statements on line 1 but not on Form 990, Part VIII, line 12

s (losses) on investments

Add lines 2a through 2d

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines **4a** and **4b** Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25

4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a 2h

2c

2d

4a

2h

2c

2d

4a

2a

3 4c 5

2e

3

4c

5

2e

U, Part VIII, line /b	4a		
	4b		
		4c	
t equal Form 990, Part I, line 18)	5	
, 5, and 9, Part III, lines 1a and b, and Part XII, lines 2d and 4b	•	•	additional information

Schedule D (Form 990) 2015

5	Total expens	es Add lines 3 and	4c. (This must equal Form 990, Part I, line 18) .		 <u></u>
Par	t XIIII Su	ıpplemental Inf	ormation		
			Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai lines 2d and 4b, and Part XII, lines 2d and 4b Also		
	Return F	Reference	Explanation		

Other losses

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	
		Schedule D (Form 990) 2016

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493141010638

OMB No 1545-0047

2016

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

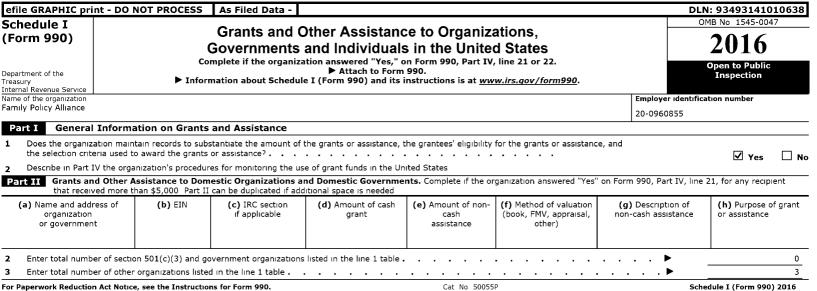
	ne of the organization nily Policy Alliance							Employer ide	entification number
	my roney randinee							20-0960855	
P		t ivities. Complete i rs are not required	_	•		res" on Fo	orm 990,	Part IV, line 1	17.
1	Indicate whether the organ	nization raised funds	through a	any of the	following activit	ties Check	all that ap	pply	
а	✓ Mail solicitations				e 🗸 Solicita	tion of nor	-governm	ent grants	
b	✓ Internet and email soli	cıtatıons			f Solicita	tion of gov	ernment g	ırants	
c	✓ Phone solicitations				g 🗹 Special	fundraisin	g events		
d	☑ In-person solicitations								
2 a	Did the organization have or key employees listed in								es 🗆 No
b	If "Yes," list the ten highes to be compensated at leas			undraisei	rs) pursuant to a	greements	s under wh	nch the fundrais	ser is
	(i) Name and address of ındıvıdual or entity (fundraıser)	(ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross re from activ		(or ret	ount paid to tained by) ser listed in bl (i)	(vi) Amount paid to (or retained by) organization
1	Masterworks Inc 19462 Powder Hill Pl NE	Fundraising Consulting	Yes	No No		0		168,802	-168,802
	85210	Fundraising Consulting, telemarketing		No		0		36,895	-36,895
3	Mesa, AZ 85210		1						
4									
5									
6	_								
7									
8									
9									
10									
Tot	al	<u> </u>	I	•				205,697	-205,697
								I	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
Revenue		ND gala (event type)	KS gala (event type)	2 (total number)	(add col (a) through col (c))
¥	1 Gross receipts	19,559	17,450	16,678	53,68
	2 Less Contributions	19,559	17,450		
-	line 2)				
ses	Noncash prizesRent/facility costs	413	1,455	778	2,64
Direct Expenses	7 Food and beverages	724	524	750	1,99
ᄧ ᅜ	8 Entertainment		25		2!
ă	9 Other direct expenses	2,110	1,585	410	4,10
	10 Direct expense summary Add lines 4	through 9 in column (d)		•	8,77
	11 Net income summary Subtract line 10) from line 3, column (d)		•	-8,77
					· ·
Par	Gaming. Complete if the org on Form 990-EZ, line 6a.		s" on Form 990, Part I	V, line 19, or reported	•
	Gaming. Complete if the org		s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add
Revenue	Gaming. Complete if the org	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Revenue	on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Revenue	on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Expenses Revenue	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add
Expenses Revenue	Gaming. Complete if the org on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000
Expenses Revenue	Gaming. Complete if the orgon Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo Tyes %	(c) Other gaming	more than \$15,000 (d) Total gaming (add
Expenses Revenue	Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes% No	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming	more than \$15,000 (d) Total gaming (add
Expenses Revenue	Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add
Expenses Revenue	Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add
Direct Expenses Reversite	Gaming. Complete if the orgon Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes% No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activit aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No (d)	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add
brect Expenses Reversite	1 Gross revenue	(a) Bingo Yes% No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activit aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No No (d) these states?	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col (a) through col (c))

Sche	dule G (Form 990 or 990-EZ) 2016					P	age 3
11	Does the organization conduct gaming	activities with nonmem	nbers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	iry or trustee of a trust g?	or a member of a partnership or other entity			□No	
13	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the o	organization's gaming/special events books and re	cords			
	Name ►						
	Address ►						
15a	Does the organization have a contract revenue?	with a third party from	whom the organization receives gaming		□Yes	□No	
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$						
С	If "Yes," enter name and address of th	e thırd party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilder$ $\$$		·				
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а		e law to make charitabl	le distributions from the gaming proceeds to				
	retain the state gaming license?		☐ Yes	□No			
b	·		tributed to other exempt organizations or spent				
Da	in the organization's own exempt activ		r > \$ anations required by Part I, line 2b, columns	- (m) -	and (v): a	nd Dart	
Pal		5c, 16, and 17b, as a	applicable. Also complete this part to provid				
	Return Reference		Explanation				
Sche	dule G, Part I, Line 2b, column (iv)	The professional fundra generated from the sei	aising services were consulting in nature, no gross rvices provided	s receip	ots were di	rectly	



Page 2

Schedule I (Form 990) 2016

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1)					
(2)					

Schedule I (Form 990) 2016

(3)

(4) (5)

(6) (7)

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Explanation

Return Reference

Part I. Line 2 These requests for financial assistance are in support of program activities that are in agreement with our organizational purpose. We discuss the projects involved and how the required funds are going to be used. We also monitor the activities involved and request follow-up information as necessary

Additional Data

4853 S Orange Ave Suite C Orlando, FL 32806

9650 Strickland Rd Ste 103

Raleigh, NC 27615

226

North Carolina Values Coalition

Software ID: Software Version:

EIN: 20-0960855

Name: Family Policy Alliance

20,000

45-2269385

(a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(4)

or non-	(book, FMV, appraisal,	
ce	other)	
		ı

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Program support

Program support

organization or government		if applicable	grant	cash assistance	other)	
Florida Family Action	33-1108736	501(c)(4)	50,457			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) Amount of non- (f) Method of valuation **(b)** EIN (c) IRC section (d) Amount of cash (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or aovernment assistance other) FPIW Action 51-0618262 501(c)(4) 12.000 Program support 16108 Ash Way Ste 113 Lvnnwood, WA 98087

DLN: 93493141010638

Schedule J (Form 990)

Department of the

Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Family Policy Alliance 20-0960855

					Yes	No
1 a	Check the approprate box(es) if the organization prov	rided a	ny of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III	to prov	ride any relevant information regarding these items			
	─ First-class or charter travel	Г	Housing allowance or residence for personal use			
	☐ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	□ Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org	janizat	ion follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses des	scribed	d above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu			2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all that used by a related organization to establish compensa	at appl	y Do not check any boxes for methods			
	Compensation committee		Written employment contract			
	☐ Independent compensation consultant	· -	Compensation survey or study			
	Form 990 of other organizations	 	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, For a related organization	Part V I	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	line 1	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III	5	· · · /	8		Νo
9	If "Yes" on line 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations	٥		

Page 2

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

1 Paul WeberPresident/CEO

141,619

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual							
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and			(F) Compensation in
				other deferred	l henefits	(B)(i)-(D)	column(B) reported

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base	(iı) Bonus & incentive	(III) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior

1.230

Form 990 compensation compensation

4.440

18.615

166.104

Schedule J (Form 990) 2015 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation During the year one officer (Paul Weber) was accompanied by his wife on business trips at the request of and for the business benefit of FPA and not for Part I, Line 1a

Schedule J (Form 990) 2015

personal gain, therefore these amounts were not included in compensation

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DL	N: 93493141010638
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2016 Open to Public Inspection		
Internal Revenue 6.e Name of the org Family Policy Allian		Employer ide	ntification number
Return Reference	e O, Supplemental Information	Explanation	
Form 990, Part VI, Section A, line 6	According to its bylaws, Family Policy Alliance has one class rship is open to individuals who support Family Policy Alliance embership may be obtained by (1) paying dues annually as ors, and (2) affirming annually the desire to be a member as rectors Members shall not be entitled to vote Voting for all properties.	ce's purposes and policies M prescribed by the Board of Direct prescribed by the Board of Di	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Form 990 was reviewed in detail by the Treasurer A copy of Form 990 was provided to all B oard members before filing Form 990 was reviewed by the organization's outside CPA firm a nd outside legal counsel

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Conflict of Interest Policy is reviewed annually during a Board of Directors meeting Annual Disclosure Statements are signed by Directors, Officers and all employees and revie wed by the VP Strategic Operations Should any potential conflicts of interest be disclose d, the board member or officer would be asked to refrain from participation in any deliber ation or decision with regard to matters affected by the relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The independent members of the Board of Directors determine compensation of the organizati on's CEO by reviewing survey information, comparability data and contemporaneous documentation. All these deliberations and decisions regarding compensation are documented as they occur. The participating members of the Board approving compensation are all independent Directors of the organization's Board of Directors. Compensation of other executive personn elis determined by the CEO after reviewing survey information, comparability data and con temporaneous documentation.

990 Schedule O, Supplemental Information Return Explanation

Reference	
	The organization makes its governing documents and conflict of interest policy available t o the public in accordance with the applicable laws. The organization makes its financial
Section C	statements and Form 000 available on its website

Section C, line 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Other consulting Program service expenses 203,834 Management and general expenses 12,206 Fundraising expenses 12,799 Total expenses 228,839

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX Explanation of Employees and Compensation	Part of the compensation received by FPA's employees is paid by Family Policy Foundation f or work FPA employees perform for FPF. This component of compensation is not reported on P art IX, Lines 5 and 7

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	The Audit Committee of the Board of Directors reviews the results of the annual financial audit and oversees the selection of the independent auditors. There were no changes to this process from prior years.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	THE ORGANIZATION'S MISSION FPA was organized as a religious corporation on April 2, 2004, and is not organized for the private gain of any person. It is organized under the Colorad o Nonprofit Corporation Act for religious purposes. FPA was formed to provide an education all service to parents and others who are concerned with healthy family living, toward the end of strengthening the family in its varied dimensions. The primary means of accomplishing these goals are periodical articles, direct mail to voters, the internet and events that it share the message with members, churches and the public at large in the United States. FPA is active in the promotion of social welfare by addressing the Christian community and the Christian's responsibility in the public policy arena, both locally and nationally. The organization uses regular media channels, such as radio, the internet, and events, to discuss critical legislation and policy matters that significantly impact Christian worldvie wissues. The organization is also used as a vehicle to discuss practical means for Christians to become educated and involved in public policy matters. The organization encourages. Christians to be aware of and involved in their civic duties. As a result, FPA advances by libical citizenship, equips and elects statesmen, promotes policy and serves an effective alliance, all committed to a common vision of a nation where God is honored, religious freedom flourishes, families thrive, and life is cherished.

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -									[DLN: 93493	141010	638		
SCHEDULE R Related Organizations and Unrelated Partnerships									OMB No	1545-004	17				
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.										2016				
(
Department of the Treasury Internal Revenue Service Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990											Open to Public Inspection				
Name of the organization Family Policy Alliance Employer identificatio										ication	number				
	20-0960855 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.														
Part I Identification	of Disregarded Entities Complete If	the organ	ization answere	ed "Yes	" on Form 9	990, Part	IV, line 3	3.							
Name, address, and		(b) Primary activ	(c) Ivity Legal domici or foreign c		cile (state Total inc		(e) come End-of-year a				i) ntrolling lity				
	of Related Tax-Exempt Organization of the tax year.	ns Comple	te if the organ	ızatıon	answered "	Yes" on F	orm 990,	Part IV	, line 34 be	cause ı	t had one or	more			
	(a) EIN of related organization	Prim	(b) ary activity		(c) omicile (state lign country)	Exempt Co	d) ode section		(e) charity status on 501(c)(3))	Din	(f) ect controlling entity	Section (13) cor enti	512(b) ntrolled		
(1)Family Policy Foundation		Inspire/educate biblical			CO	501(c)(3)		Line 7		FPA		Yes	No No		
8655 Explorer Dr		citizens, equip statesmen & serve a nat'l alliance				301(0)(0)		,					""		
Colorado Springs, CO 80920 46-4577178															
(2)Family Policy PAC 8655 Explorer Dr		Engaging in exempt function political campaign activities		СО		527		FPA		FPA			No		
Colorado Springs, CO 80920 81-0794756												 			
For Paperwork Reduction Act	t Notice, see the Instructions for Form	990.		Ca	t No 50135	Ý		•		Sche	dule R (Form	990) 20	16		

Part III Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (b) (c) (d) (e) (g) (h) (j) Name, address, and EIN of Primary Share of Disproprtionate Legal Direct Predominant Share of Code V-UBI General or Percentage related organization activitý domicile controlling income(related. total income end-of-vear allocations? amount in box managing ownership 20 of partner? (state entity unrelated. assets Schedule K-1 excluded from or (Form 1065) foreian tax under country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (h) (1) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512(b) (13) controlled related organization domicile (C corp, S corp, entity income vear ownership (state or foreign or trust) assets entity? country) Yes No

Sale of assets to related organization(s)

r Other transfer of cash or property to related organization(s). .

Purchase of assets from related organization(s).

Schedule R (Form 990) 2016

(1)Family Policy Foundation

(2)Family Policy Foundation (3)Family Policy Foundation (4)Family Policy Foundation

Page 3

Nο

Nο

Nο

No

No

No

Nο

Nο

No

Nο

No

No

Nο

No

No

No

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

k Lease of facilities, equipment, or other assets from related organization(s)

Reimbursement paid to related organization(s) for expenses

Performance of services or membership or fundraising solicitations for related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction type (a-s)

Ν

(c)

Amount involved

Dividends from related organization(s)

Exchange of assets with related organization(s)..........

Name of related organization

Gift, grant, or capital contribution from related organization(s)

1a

1b

1c 1d 1e 1f 1a

1h

1i

1i

1k

11

1m

1n Yes

10 Yes

1p 1q Yes

1r

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

Yes

Provide the following information for each entity taxed as a partne was not a related organization. See instructions regarding exclusion	rship through v	hich the o	rganization co							oy total assets	or gross	rever	nue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												Н	
												Ш	
												Н	

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016